EVIDENCE FOR CHANGE OF SEX IS ON:

FILM No. G 120 MAY 23 1949

04030

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Ga MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fitzhugh (Rural) LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Ga
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Cora (Middle) (Last) Anderson

4. DATE OF DEATH (Month) April (Day) 26 (Year) 1949

5. SEX ~~M~~ FEMALE

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 1875

9. AGE last birthday 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY H W

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John Elliot

14. MOTHER'S MAIDEN NAME Elizabeth Furey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT Emory Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

464 Immediate cause (a) Chronic Myocarditis

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Phyllitis

(c) Bed sores

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr, 1947, to Apr 26, 1949, that I last saw the deceased alive on Apr 24, 1949, and that death occurred at 12:50 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C H Mitchell Md. ADDRESS Fitzhugh DATE SIGNED 4/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 4-28-49 NAME OF CEMETERY OR CREMATORY Church Hill LOCATION (City, town, or county) Church Hill (State) Md.

DATE REC'D BY LOCAL REG. 4-28-49 REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04031

CERTIFICATE OF DEATH

Reg. Dist. No. 2-52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY [illegible] Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Qu. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] Md.
STREET ADDRESS None (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Burris (Middle) Reynolds (Last) Wood
4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1949
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 7/1/69
9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel Wootten
14. MOTHER'S MAIDEN NAME: Burgess Virginia Wootten
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Wood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Circulation of the blood
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15, 1948, to 4-27, 1949 that I last saw the deceased alive on 4-26, 1949 and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE W. J. McPherson (Degree or title) M.D. ADDRESS Centreville Md. DATE SIGNED 4/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 30 49
NAME OF CEMETERY OR CREMATORY Gracenelo
LOCATION (City, town, or county) Gracenelo (State) Md

DATE REC'D BY LOCAL REG. 4-29-49
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Edgar L Lane Church Hill Md
ADDRESS

RECEIVED
MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04032

CERTIFICATE OF DEATH

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY Queen Annes — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
LENGTH OF STAY in this place 10 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Louisiana — COUNTY Orleans Parish
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Orleans
STREET ADDRESS (If rural, give location) 41 Versailles Blvd

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) CRAWFORD WRIGHT (Last) MORGAN

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 31-1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New Orleans Louisiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wright

14. MOTHER'S MAIDEN NAME: Amelia Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Philip W. Reeves

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

191 Immediate cause (a) Reticular cell Sarcoma of right side face

Antecedent cause(s)

53 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1948, to April 26, 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 910 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Henry Fisher M.D. — ADDRESS Centreville Maryland — DATE SIGNED 4/27/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Apr 29-49 — NAME OF CEMETERY OR CREMATORY Metairie Cemetery — LOCATION (City, town, or county) (State) New Orleans Louisiana

DATE REC'D BY LOCAL REG. 4-27-49 — REGISTRAR'S SIGNATURE Elsie Armstrong — 24. FUNERAL DIRECTOR Barton Bros — ADDRESS Centreville, Md

RECEIVED
MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04033

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY: Q A Co MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Tu. An.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barclay — LENGTH OF STAY (in this place): All life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barclay
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Cora Pauline Phillips

4. DATE OF DEATH (Month) (Day) (Year): April 2 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 27, 1869

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home life

10b. KIND OF BUSINESS OR INDUSTRY: Home life

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Wallace

14. MOTHER'S MAIDEN NAME: Booker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: —

17. INFORMANT: Richard E. Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

(c) Senility

422.2

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 1, 1948, to April 2, 1949 that I last saw the deceased alive on April 1, 1949 and that death occurred at 1 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C H Whitcomb

ADDRESS: Sudlerville, Md.

DATE SIGNED: 4/3/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: April 5-49

NAME OF CEMETERY OR CREMATORY: Sudlersville

LOCATION (City, town, or county): Sudlersville (State): Md.

DATE REC'D BY LOCAL REG.: 4-3-49

REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR: Edgar L. Lane

ADDRESS: Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04034

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queens Anne's — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY 20
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sefton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Benjamin		Pierce	apr.	3 -	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
m	c	Widr	March 1st 1886	63 yrs.			8 p	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer.		maryland.	queen Anne's

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown.	unknown —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
	212-16-7749	Benj. Pierce jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Sclerosis coronary arteries	April 3. 1949
421.1 Antecedent cause(s)	(b) aortic stenosis nephro-sclerosis	16 months
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) arterio sclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Febr- 10, 1948, to April 3, 1949, that I last saw the deceased alive on April 2, 1949; and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE Theodor Bittelmann (Degree or title) M.D. ADDRESS Stevensville DATE SIGNED April 5. 1949.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 6-49	Stevensville	Stevensville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 6, 1949	Elizabeth Hopper	Lewis A Henry,	Centreville Md

1949
63
1886

RECEIVED
APR 9 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04035

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH
COUNTY Queen Anne's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Ralphs Way
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestertown R.D #1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Ralphs Way
STREET ADDRESS (If rural, give location) Chestertown R.D #1

3. NAME OF DECEASED (Type or Print): (First) Madeleine (Middle) Mahony (Last) Quesenbery

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 4 1897

9. AGE last birthday: 51 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Yeadon Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William P Mahony

14. MOTHER'S MAIDEN NAME: Cecelia Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Nicholas R Quesenbery (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coma — Interval between onset and death: 24 hrs

174 Antecedent cause(s)

48 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma rectum & spleen — 4 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1948, to April 3, 1949, that I last saw the deceased alive on April 3, 1949, and that death occurred at 6.10 A m., from the causes and on the date stated above.

SIGNATURE AG Simpers (Degree or title) — ADDRESS Chestertown — DATE SIGNED Maryland 4-4-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: April 5, 1949 | NAME OF CEMETERY OR ~~CREMATORY~~: Chester | LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG. April 4 | REGISTRAR'S SIGNATURE: Edgar L. Lane | 24. FUNERAL DIRECTOR ADDRESS: Marvin V. Williams - Chestertown, Md.

RECEIVED
MAY 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04036

CERTIFICATE OF DEATH

Reg. Dist. No. 253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stevensville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stevensville
STREET ADDRESS (If rural, give location) Love Point

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Ellsworth (Last) Summers

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec 18-1856

9. AGE last birthday: 92 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Oystering & Fishing

11. BIRTHPLACE (State or foreign country): Talbot Co Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah Summers

14. MOTHER'S MAIDEN NAME: Mary Thurston (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Agnes Ethel Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 Immediate cause (a) Pneumonia — Interval Between Onset and Death: 11 Mos

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Nephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1948, to Apl 25, 1949, that I last saw the deceased alive on Apl 25, 1949, and that death occurred at 3:30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm Chas E Snyder ADDRESS Stevensville DATE SIGNED 4/27/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE: April 28-49
NAME OF CEMETERY OR CREMATORY: Evansville
LOCATION (City, town, or county) (State): Evansville Q.A. Co. Md.

DATE REC'D BY LOCAL REG.: April 27-49
REGISTRAR'S SIGNATURE: Elizabeth Hopkins
24. FUNERAL DIRECTOR: Baxter Bros. ADDRESS: Centreville Md.

VS. A15

RECEIVED
APR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04037

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Queenstown | LENGTH OF STAY (in this place) 3yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jennie	Smith	Wooters	April	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	June 10, 1873	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME: Samuel Craig Smith

14. MOTHER'S MAIDEN NAME: Martha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Finley Wooters, Queenstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	5 days
Antecedent cause(s)		
420.1 / 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchial Asthma	8 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1949, to Apr, 1949, that I last saw the deceased alive on Apr 27, 1949, and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William C. Rowe MD	Queenstown, Md.	4-28-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 30 1949		Denton Cemetery, Denton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-30-49	Helen M. Aldridge	J. Virgil Moore & Son	Denton.

RECEIVED
MAY 3 1949
U. S.